

Middlebridge

SCHOOL



ADMISSION APPLICATION CHECKLIST

Please send the following directly to Middlebridge School:

- Completed Middlebridge School Admission Application
- Educational and psychological evaluation (within the past 3 years), including a cognitive assessment (WISC-IV or WAIS-R) and academic achievement testing (e.g. WJ-III, WIAT)
- Educational assessments, clinical evaluations, and other pertinent testing
- Official School Transcript
- Student writing sample
- \$50 Application fee

For the student's current school:

- Provide enclosed school transcript and records release form to school
- Provide a copy of the enclosed recommendation forms to the following three people: student's current English teacher, mathematics teacher, and another personal reference from within or outside the school

Middlebridge School
1065 Worden's Pond Road
Wakefield, RI 02879
(401) 788-0800

APPLICATION FOR ADMISSION

Date of Application _____

STUDENT INFORMATION

Name of Student _____
First Middle Last Preferred first name

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Date of Birth _____ Social Security Number _____

Sex: F M Age _____ Email _____

Home phone _____ Cell phone _____

Place of Birth _____ Citizenship _____

FAMILY INFORMATION

Name of Father/Male Guardian _____
First Middle Last Preferred first name

Address (*if different from above*) _____

City _____ State/Province _____ Zip/Postal Code _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Occupation _____

Colleges and degrees _____



Name of Mother/Female Guardian _____
First Middle Last Preferred first name

Address (if different from above) _____

City _____ State/Province _____ Zip/Postal Code _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Occupation _____

Colleges and degrees _____

Parents' Relationship (check all that apply)

- Married Divorced Separated
 Mother remarried Mother deceased
 Father remarried Father deceased

Where applicable: Name of Stepmother _____ Stepfather _____

With whom does the student primarily reside? _____

Other children in family

Name _____ Sex: F M Age _____

Name _____ Sex: F M Age _____

Name _____ Sex: F M Age _____

Name _____ Sex: F M Age _____

Please indicate any other family situation(s) of which we should be aware _____

REFERRAL INFORMATION

How did you learn about Middlebridge School?

Name _____ Profession _____
(e.g. consultant, advocate, educator, psychologist)

Organization (*if applicable*) _____

Phone _____ Email _____

EDUCATIONAL INFORMATION

Name of current school _____ Dates attended _____ Grade at time of application _____

Address _____ City _____ State/Province _____ Country _____

Name of school contact _____ Title _____ Phone _____

Does the student currently receive special services? Y N

If yes, please describe _____

Has the student ever repeated a grade? Y N If yes, which grade? _____

Has the student ever been dismissed or suspended from school? Y N

If yes, please state the reason and the date _____

Name of previous school or summer program _____ Dates attended _____

Address _____ City _____ State/Province _____ Country _____

Name of school/program contact _____ Title _____ Phone _____

Name of previous school or summer program _____ **Dates attended** _____

Address _____ City _____ State/Province _____ Country _____

Name of school/program contact _____ Title _____ Phone _____

Name of previous school or summer program _____ **Dates attended** _____

Address _____ City _____ State/Province _____ Country _____

Name of school/program contact _____ Title _____ Phone _____

MEDICAL INFORMATION

Has the student ever been hospitalized? If yes, explain briefly and include date(s) of hospitalization(s) _____

Does the student currently take any medications? If so, please list the medication(s) and reason(s) for each.

Medication _____ Reason _____

Medication _____ Reason _____

Medication _____ Reason _____

Does the student have any history of behavioral or emotional difficulties? Y N

If yes, please describe _____

Does the student have any current or previous psychological diagnoses? Y N

If yes, please describe _____

FINANCIAL INFORMATION

Individual financially responsible for placement _____

Address _____
_____ City _____

State/Province _____ Zip/Postal Code _____ Phone _____

PARENTAL STATEMENT

Please describe your child's educational development and current needs as you see them (*attach an additional sheet if necessary*).

OTHER MATERIALS

Sample of Student's Writing

Please include a writing sample by the student. The sample should be a completed school assignment that includes teacher comments and the grade received. The sample should reflect the student's own original work.

Psychoeducational Evaluation

Please include a recently administered psychoeducational evaluation (within the past 3 years), including a cognitive assessment (WISC-IV or WAIS-R) and academic achievement testing (e.g. WJ-III, WIAT)

Other Evaluations

Please include any other educational assessments or clinical evaluations or other pertinent testing.

ADMISSIONS STATEMENT

Middlebridge School is a co-educational, residential high school for students with language-based learning differences with average to above-average cognitive potential who do not present with an emotional or behavioral disorder.

Middlebridge School admits students of any race, color, religion, sexual orientation, or national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. Middlebridge School does not discriminate on the basis of race, color, religion, sexual orientation, or national or ethnic origin in the administration of its educational policies, admissions policies, or school-administered programs.

My signature indicates that the information provided on this application is accurate and complete.

Parent/guardian signature

Date

Parent/guardian signature

Date

CONFIDENTIAL
TEACHER RECOMMENDATION FORM
ENGLISH

Student's name _____

Teacher's name _____ Date _____

To The Teacher:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional maturity					
Response to criticism					
Motivation to learn					
Study habits					
Organization					
Attention span					

ENGLISH TEACHER RECOMMENDATION CONT.

What do you consider to be this student's greatest strengths academically and personally?

What do you consider to be this student's greatest areas of need academically and personally?

Please explain any academic or disciplinary problems this student has encountered.

Please explain how this student interacts with his or her peers. _____

Please explain how this student interacts with adults. _____

Please provide any additional comments that would aid the admission office.

Please send this form to:
Middlebridge School
1065 Worden's Pond Road
Wakefield, RI 02879
(401) 788-0800

CONFIDENTIAL
TEACHER RECOMMENDATION FORM
MATH

Student's name _____

Teacher's name _____ Date _____

To The Teacher:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional maturity					
Response to criticism					
Motivation to learn					
Study habits					
Organization					
Attention span					

MATH TEACHER RECOMMENDATION CONT.

What do you consider to be this student's greatest strengths academically and personally?

What do you consider to be this student's greatest areas of need academically and personally?

Please explain any academic or disciplinary problems this student has encountered.

Please explain how this student interacts with his or her peers. _____

Please explain how this student interacts with adults. _____

Please provide any additional comments that would aid the admission office.

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Wakefield, RI 02879
(401) 788-0800

CONFIDENTIAL
TEACHER RECOMMENDATION FORM
REFERENCE OF STUDENT'S CHOOSING

Student's name _____

Teacher's name _____ Date _____

To Whom It May Concern:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional maturity					
Response to criticism					
Motivation to learn					
Study habits					
Organization					
Attention span					

RECOMMENDATION CONT.

What do you consider to be this student's greatest strengths academically and personally?

What do you consider to be this student's greatest areas of need academically and personally?

Please explain any academic or disciplinary problems this student has encountered.

Please explain how this student interacts with his or her peers.

Please explain how this student interacts with adults.

Please provide any additional comments that would aid the admission office.

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CONFIDENTIAL
SCHOOL TRANSCRIPT AND RECORDS RELEASE

To The Parents:

Please complete, sign, and present this form to your child's school. Do not send directly to Middlebridge School.

Student's name _____ Date of birth _____

I, _____, consent to the release of my child's transcript

Print name of parent/guardian

and records to Middlebridge School. _____
Signature of parent/guardian Date

To The School:

The above named student is applying for admission to Middlebridge School. Please submit all middle school or high school records including the following information.

- Standardized test results
- Official transcript and list of courses taken (*if of high school age*)
- Transfer records
- Guidance counselor or other staff comments
- Disciplinary records
- Individualized Education Plan (*if applicable*)

Please send the above information to:

**Middlebridge School
1065 Worden's Pond Road
Wakefield, RI 02879
(401) 788-0800**

Thank you very much for your assistance.